



## REQUEST FOR IVC/STREAMING EVENT OR MEETING

### Requestors Contact Information:

Name:

Department or Organization:

Phone Number:

Email:

### Event Information:

Type of Event:

☐ Streaming    ☐ Interactive Video Conferencing (IVC)

Title of event/meeting:

Date of event/meeting:

Time of event/meeting:

Beginning:

Ending:

Room of event/meeting:

Equipment Needed:

- ☐ Computer (Includes PowerPoint and Internet Access)
- ☐ ELMO
- ☐ DVD Player
- ☐ VHS Player

How many sites are planning on participating: